orm 482.0- Rev 12.08	3283-LTS Doc#:12353-1 File Exhibit	Page 1 of 12	ed:03/16/20 11:5	50:11 Desc:
LONG FOR	2008 COMMONWEAL DEPARTMENT INDIVIDUAL INC	OF THE TREASURY 20 OME TAX RETURN	08	Seriat Number
Taxpayer's Name	Initial Last Name Second Last Name	December	AMENDED RETU	
Antonio	Torres Cardenales	Taxpayer's Social Security	Number P	ayment Stamp
Postal Address P.O. Box 782		AL. T Date of Birth	Sex O M	
Coamo PR	Zip Code 00769	Spouse's Date of Brth		的原本的
Spouse's First Name and initial	"Place label here".  Last Name Second Last Name	Day Month Year Home Telephone (787) 000-0000		
Home Address (Town or Urbanization, Bo. Rio Jueyes Coamo	Number, Street) Zip Code 00769	Work Telephone  CHANGE OF ADDRESS	- Discript Number	
E-Mail Address YES NO		Yes O No	Ahourt III	Velet 7
D. Tax exemple D. Other exemple C. Other exemple Complete		(Submit spouse's 3.  Head of household 4.  Single 5.  Married filing sepa	with spouse (Not head of hor name and social security nu I (Not married) arately (Submit spouse's name	
G. Government, M H. Federal Govern I. Private Busines	unicipalities or Public Corporations Employee ment Employee s Employee	<ul> <li>J.  Retired/Pensioner</li> <li>K.  Self-Employed (Indicindustry or business)</li> </ul>	ate principal TAX	• • •
N -	eacher 6110 Spouse's occu		SPA SPA	
both working. D	u choose the optional computation of o not complete Parts 2 and 3, neither	tax for married individu	als living together, f Part 4. and go to Scl	iling a joint return and nedule CO Individual.
Date -	ampurate transported Till Wages, Commissions, All		ome Tax Withheld	B-Wages, Commissions, Allowances and Tips
DEPARTAMENTO	DE MACIENDA OD ATTACH ALLYOUR WITHOUT CARRIED FORMS 499R-2W-2PR-499R-	DLDING STATEMENTS DCW-2CPR or W-2,	1,537 00	33,691
2783	SIDO C as applicable).		do. 60	
A MAIL	NI		00	
SIN P	Total of withholding state with this return		1,537 00	33,691
	F. Juni Concernment Wa	IIIC	ome Tax Withheld	Federal Wages (02)
2. Unarincome (or L.	Pederal Soveriment			(03)
B) Distribute	To one in Inarthambine profite (Cubmit Schedule)	Findividual and Schedule R)	Canal Control of the	(04)
Distribution St.	orporations and distributions from partnerships subject	e K)	Portrat Street Blitter	(05)
i inc	buckstone and distribution from nathorships not sub	act to withholding (Scriedule F Inc	ividual, Pan II, line 35)	(07)
all able sha	re on profits from come coffindividuals (Submit S	chedule r Individual)		(08)
Suibulions from	M Governmental Plant adula E Individual Part	V, lines 1C and 1D)		(09)
I) Distributions from	ncome (Submit Schedule F Individual)	ution Accounts (Submit Schedule F	Individual)	(11)
Dividends from	Canital Investment of Taylor Fund (Submit Sched	ule Q1)		(12)
K) Income from an	nuiting and assets to the tradicidual Dart II	line 12)	***************************************	(13)
C) Amiliony receive	ed (Payer's cooled security No	)(14)		(15)
N) Gain (or loss)	from familiar (Culturis & St. L.			(17)
7 Som (OI 1055) fr	om med to the Cohodule	M Individual	***************************************	(18)
1 2011 [0] [0]	rom restal to the second to the blackwidth	1		(19) 1,759
				(50)
S) Net long-term o	and Variable Annuity Contracts (Submit Schedule	01)		(21)
3. Total Gross Incom	apital gain on Investment Funds (Submit Schedule ne (Add lines 1B, 1C and 2A through 2S)			(23) 35,450
5. Adjusted C.	CIDIANT'S SOCIAL SOCIATION NO.	11-11 1-1-3	(LEO)	(26)
Gross In	Come (Subtract line 4 for			(30) 35,450

Retention Period: Ten (10) years

PRSoft, Inc. (www.prsoft.com)

Exhibit Page 2 of 12 Form 482.0 Rev. 01.10 RETURN WITH CHECK (PLEASE ATTACH CHECKHERE) ONG FORM COMMONWEALTH OF PUERTORICO Reviewer 2009 2009 Liquidator DEPARTMENT OF THE TREASURY INDIVIDUAL INCOME TAX RETURN AMENDED RETURN R G RO V1 V2 P1 P2 N D1 D2 E A M FOR CALENDAR YEAR 2009 OR TAXABLE YEAR BEGINNING ON O DECEASED DURING THE YEAR: , 2009 AND ENDING ON 31 December Payment Stamp Taxpayer's Social Security Number Last Name Initial Taxpayer's Name **Torres Cardenales** Antonio . CDate of Birth Sex O M Postal Address F Year P.O. Box 782 Spouse's Social Security Number Zip Code 00769 Spouse's Date of Birth Coamo PR "Place label here". Year Month Home Telephone Last Name Spouse's First Name and Initial (787) 000-0000 Work Telephone Home Address (Town or Urbanization, Number, Street) CHANGE OF ADDRESS Zip Code 00769-0000 Receipt Number: Coamo PR Yes No FILING STATUS AT THE END OF THE TAXABLE YEAR:

1. Married living with spouse and filing jointly E-Mail Address YES NO A. United States Citizen?

B. Resident of Puerto Rico at the end of the year? Married not living with spouse (Not head of household) (Submit spouse's name and social security number above) C. Tax exempt income from Lottery of Puerto Rico? 3. Head of household (Not married) D. O Income from racetrack winnings in Puerto Rico? 5. Married filling separately (Submit spouse's name and social security number above) 4. O Single E. O Other exempt income? (Submit Schedule) F. O Obligation to make payments to ASUME? GOVERNMENT CONTRACT HIGHEST SOURCE OF INCOME: J. Retired/Pensioner O SPOUSE **TAXPAYER** G. Government, Municipalities or Public Corporations Employee K. Self-Employed (Indicate principal H. C Federal Government Employee 2010 RETURN industry or business) I. O Private Business Employee 6110 Spouse's occupation Teacher Your occupation Fill in here if you choose the optional computation of tax for married individuals living together, filing a joint return and both working. Do not complete Parts 2 and 3, neither lines 15 through 25 of Part 4, and go to Schedule CO Individual. B-Wages, Commissions, Allowances and Tips A-Income Tax Withheld 1. Wages, Commissions, Allowances and Tips Receipt Stamp 34,647 00 1,639 00 00 ATTACH ALL YOUR WITHHOLDING STATEMENTS (Forms 499R-2/W-2PR, 499R-2C/W-2CPR or W-2, 00 00 as applicable). 00 00 00 00 34,647 00 Total of withholding statements 1,639 00 Income Tax Withheld with this return ..... Federal Wages C-Federal Government Wages (See instructions).. (01) (02) 00 00 2. Other Income (or Losses): A) Interest income (Schedule F Individual, Part I, line 10) ..... (03) 00 B) Distributable share on special partnerships profits (Submit Schedule F Individual and Schedule R) 00 C) Distributable share on special partnerships losses (Submit Schedule R) (05) D) Dividends from corporations and distributions from partnerships subject to withholding (Schedule F Individual, Part II, line 1A)....... 00 (05)00 E) Dividends from corporations and distributions from partnerships not subject to withholding (Schedule F Individual, Part II, line 3B) ... 00 F) Distributable share on profits from corporations of individuals (Submit Schedule F Individual)..... 00 G) Distributions from Governmental Plans (Schedule F Individual, Part V, lines 1C and 1D) 00 (10) H) Miscellaneous income (Submit Schedule F Individual).... 00 n) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Submit Schedule F-Individual) 00 .(12) J) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) ..... 00 (13) K) Income from annuities and pensions (Schedule H Individual, Part II, line 12) ...... 00 (15) L) Alimony received (Payer's social security No. \_ 00 M) Gain (or loss) from industry or business (Submit Schedule K Individual) ..... 00 N) Gain (or loss) from farming (Submit Schedule L Individual) 00 O) Gain (or loss) from professions and commissions (Submit Schedule M Individual) 1,449 00 P) Gain (or loss) from rental business (Submit Schedule N Individual) 00 00 R) Qualified plans and Variable Annuity Contracts (Submit Schedule D Individual) 00 S) Net long-term capital gain on Investment Funds (Submit Schedule Q1) 36,096 00 3.Total Gross Income (Add lines 1B, 1C and 2A through 2S) \_ )(24) (Judgment No. \_\_\_ 4. Alimony Paid (Recipient's social security No. . 36,096 5. Adjusted Gross Income (Subtract line 4 from line 3) ......

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## Case:17-03283-LTS Doc#:12353-1 Filed:03/13/20 Entered:03/16/20 11:50:11 Desc: Exhibit Page 3 of 12

LONG FORM				Serial Number	.112
	RETURN WITH CHECK (PLEA				
Liquidator Reviews	INDIVIDUAL INCOM	ME TAX RETURN	○ ANIENDED RETUR		
	FOR CALENDARYEAR 2010 OR TO 1 January , 2010 AND EN	AXABLE YEAR BEGINNING ON NDING ON 31 December 2010	O DECEASED DURI	CO WCILL	Year
Taxpayer's Name Initial	Last Name Second Last Name	Taxpayer's Social Security Number	Pe	syment Stamp	
Antonio	Torres Cardenales	A Date of Birth Sex			
Postal Address PO Box 782		Date of Birth  Day konth (ear F  Spouse's Social Security Number			September 1
	Zip Code 00769-0782	Spouse's Date of Birth			
Coamo PR	lace label here".	Day Month Year			21
Spouse's First Name and Initial Last	Name Second Last Name	Disabled:  Taxpayer Spouse		illin stret	1
	*	Home Telephone (787) 000-0000			體
Home Address (Town or Urbanization, Number,	Street)	Work Telephone		HILL DE	788
Hacienda Miraflores Coamo PR	Zip Code 00769-0000	CHANGE OF ADDRESS O Yes O No	Receipt Number		412
E-Mail Address		THE END OF	THE TAXABLE YE	AR:	
A. O United States Citi	zen?	1. Married living with spoose	use (Not head of hou	usehold)	
B. Co Resident of Puerto	te payments to ASUME?	(Submit spouses name a	In Social Section	mber above)	*
D. O Other exempt in	come? (Submit Schedule)	Head of household (Not m     Single	girleoj	and ential contribution	r above
Indicate total \$_	-	Single     Married filing separately (	Submit spouse's name	VERNMENT CONTRAC	T
A LUCUEST COURSE DE INCO	WE:	H. Retired/Pensioner	TAY		
E. Government, Municipal F. Federal Government E	ties or Public Corporations Employee	Self-Employed (Indicate princindustry or business)	ipal	2011 RETURN	
G. O Private Business Empl	oyee		■ SPA		1
Your occupation Teach			ing together, f	iling a joint retur	n and
Fill in here if you cho	oose the optional computation of ta complete Parts 2 and 3, neither line	nes 15 through, 25 of Part 4	and go to Scl	hedule CO Individ	dual.
both working. Do not	1. Wages, Commissions, Allowa	The state of the s		B-Wages, Commiss Allowances and	sions, Tips
Receipt Stamp	ATTACH ALL YOUR WITHHOLD		1,354 00	33	618
	(Forms 499R-2/W-2PR, 499R-2C/V	V-2cPRorW-2,	167 00	4	,950
	as applicable).		do		- 1
		The state of the s	1451	and definition	
			do	38	568
	Total of withholding stateme	ents 2	1,521 00		,568
	with this return	Income Ta	1,521 00 x Withheld	38 Federal Wag	,568
	with this return	(See instructions) (01)	1,521 00 x Withheld	Federal Wag	,568 des
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or mily que la misma es cierta, co dicha información ha sido verifica	s que se acompañan, ha sido examinada por respecto a la información disponible y	ción incluida en esta planilla, anejos y documento	(Nombre completo en letra de moide sejunt aper
	y variate, incluya el nombre del cónyuge)	etece eu an cneuls. Si es casado y ninde planilla con	oc dipos chies the state and state and
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00   1	(80)		3. Menos: Canlidad pagada (a) Intere
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COBIERNO DE PUERTO RICO - GOVERNMENT OF PUESTO RICO
DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY

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Desc: Case:17-03283-LTS Doc#:12353-1 Filed:03/13/20 Entered:03/16/20 11:50:11 **Exhibit** Page 6 of 12 Estado Libre Asociado de Puerto Rico Grupo de Pago: SM -Quincenal # Cheque: 06330151 080 - DEPT DE EDUCACION-MAESTROS Desde: 12/09/2013 \* 12/20/2013 Hasta: Fecha: 12/17/2013 ANTONIO L TORRES CARDENALES XXXX.\_\_\_ ALTC. 8005137-SANTA ISABEL-PONCE # Empleado: XXXX..... DATA IMP: Federal PR APARTADO 782 Dept: Estado Civil: Head of Household A.L.T. C. COAMO PR 00769 Oficina: SUSANA RIVERA Concesiones: 0 2 Titulo: DEPARTAMENTO DE EDUCACION Pct. Adcl.: XXX-XX \$2,705.00 Monthly Sueldo Cant. Adcl.: HORAS E INGRESOS IMPLESTOS Corriente ------ Acumulado -----Descripcion Sueldo Horas Ingresos Horas Descripcion Corriente Acumulado Bono de Navidad 0.00 PR Withholdng 0.00 1,000,00 939 77 Pago de Salarios Regulares 0.00 1,476.00 32,460.00 0.00 2,184.14 Licencia Enfermedad en Exceso 939.77 Total: 0.00 1,476.00 35,644.14 0.00 DEDUCCIONES DEDUCCIONES GENERALES PENERICIOS PATRONALES PAGAPOS Descripcion Corriente Acumulado Descripcion Corriente Acumulado Descripcion Corriente Acumulado GPR Plan de Retiro de Maestro 0.00 2,921.52 **DUM-Gob Otras Deducciones** 611.59-611.59-SM-Asoc Maestros de PR 0.00 1,440.00 0.00 766.00 GPR Plan de Retiro de Maestro 0.00 2,759.04 SM-Asoc Maestros de PR Ahorros-AEELA 0.00 973.92 FSED Disability Plan 0.00 605.89 DM-FONDOS UNIDOS 0.00 8.00 SC-MULTINATIONAL LIFE INS. 131.00 0.00 AE-Asoc Emp ELA-Prest Regular 0.00 421.89 SC-GENERAL ACCIDENT LIFE 109.62 0.00 2,921.52 Total: 611.59-1,798.84 \* Tributable 0.00 Total: TOTAL BREITO TOTAL IMPUESTOS DEDUCCIONES TOTALES PAGA NETA 611.59-611.59 Corriente: 0.00 0.00 939.77 29,984.01 35,644.14 4,720.36 Acumulado: PTO HORAS ACUM DISTRIBUCION PAGA NETA 611.59 Cheque #06330151 Balance Inicial: 0.0 + Acumulado: 611.59 Total: - Utilizado:

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Múmero Confirmación de Radicación Electrónica Electronic Filing Confirmation Mumber S1 70008	Keep copy for your records  Conserve copies here such that there	OC.00 Aeri	A Country - Dress edged
Fecha Cese de Operaciones: Dia Month Year Leare of Operacions Date: Day Month Year Leare	electronically (www.hacienda.or.gov)  Entregue dos copias al emplead	Exempl Salanas (Sea mananama)	beloadicond - zanion4 na agiT no kaT stauces Ispos
Número de Teléfono del Patrono Employer's Telephone Number	Envie al Departamente :     Send to Departamente :     Send to Departament of the Treasury	(Centerior plant) sproave and service	1.0
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address DEPT DE EDUCACION MAESTROS AVENIDA TENIENTE CESAR AVENIDA CALAF HATO REY PR 00919	• Envie s: • Send to: Social Security Administration Oata Operations, Center Wilkes-Barre, PA 18769-0001 Con la With the W:3PR	OS. 317  Nonamernedu Doulde de bonde 1, Mr.  bind I mannedu Doulde de bonde 2, Mr.  S. 12. 12. 2  S. 12. 3  S. 12. 3  S. 12. 4  S. 12. 5  S. 12. 5	00.0
Fecha de Nacimiento: Día Nes Afonth Ser Ales Date of Birth: Day Alonth Ser Ales Alonth Ser Alonth	00.0 00.0 00.00 Patrono: - Employer:	00.0	sbinaty Faresball connoc inc. blestility estimates and an annex inc.
Dirección Postal del Empleado - Employee's Mailing Address  S87 ODATAAA  COAMO PR 00769	por et patrons - Cost of emborger- sponso est health coverage 0.00 b. Donalivos Charleble Contributions	00.00  61 + 6 + 3 + 7 = Ialof . If  33,041,97  12. Gastos Reenfa, y Bancheson Margaretes  See Free Free Free Free Free Free Free F	ansolbal/ of 9 potencial (stat. 8) ansolbal/ of 9 potencial (stat. 8) ansolbal/
L TORRES CARDENALES	Employer Ident No. (EIV)  660433481-080  5. Costo da cubienta de salud auso carda	(3) Pontewo:la - annoisagno 9 (0), 0 (0) (0) (0) (0) (0) (0) (0) (0) (0) (	00.0 obmatsRicuceSmage2.a blantatMirksTiyihase2.lsboc2
OINOTNA (2) enest 125J - (2) obilledA	3. Num. Segwo Social Secunity No. 2001 Social Secunity No. 2001 Se	Suelace - Wages  33,041,97	SageWythurad letor
COMPROBANTE DE RETENCIÓN - WI	MITHHOLDING STATEMENT	NOTA NATIONAL SERVICE SECTION OF A LONG SECTION	NOTITING THE SECURE SOCIETY OF SECURE

WITHHOLDING STATEMENT	HACIENDA - DEPARTMENT OF THE TREASURY INFORMATION	INFORMACIÓN PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION  17. Total Sueldos Seguro Social
3. Núm. Seguro Social Social Security No. A.L.T.C.	34,546.90 8. Comisiones - Commissions 0.00	Social Security Wages  0.00
4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 66-0433481	9. Concesiones - Allowances 0.00 10. Propinas - Tips 0.00	18. Seguro Social Ratenido Social Security Tax Withheld
por el patrono - Cost of employer- sponsored health coverage	11. Total = 7+8+9+10 34,546.90 12. Gastos Reemb. y Beneficios Marginales	0.00 19. Total Sueldos y Pro. Medicare Medicare Wages and Tips
6. Donativos Charitable Contributions 0.00	0.00 13. Cont. Retenida - Tax Withheld	0.00  20. Contrib. Medicare Retenida Medicare Tax Withheld  0.00  21. Propinas Seguro Social Social Security Tips
Patrono: • Employer: Indique si la remuneración incluye pagos al empleado por:	14. Fondo de Retiro Gubernamental Governmental Retirement Fund 3,021.55	
payments to the employee for:  A- Servicios prestados por un médico	15. Aportaciones a Planes Calificados Contributions to CODA PLANS 0.00	
Services rendered by a qualified physician under Act 14-2017	Exempt Salaries (See instructions)	0,00  22. Seguro Social no Retenido en Propinas - Uncollected
Domestic services	Código/Coxle	Social Security Tax on Tips  0.00
The second secon	66. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Double your Money Program	23. Contrib. Medicare no Retenida en Propinas - Uncollected Medicare Tax on Tips
	4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 66-0433481  5. Costo de cubierta de salud auspiciada por el patrono - Cost of employer- sponsored health coverage 0.00  6. Donativos Charitable Contributions 0.00  Patrono: - Employer: Indique si la remuneración incluye pagos al empleado por: Indicate If the renumeration includes payments to the employee for: A- Servicios prestados por un médico cualificado bajo la Ley 14-2017 Services rendered by a qualified physician under Act 14-2017  B- Servicios domésticos Domestic services C- Otros / Others:	Num. Seguro Social Social Security No.   A L.T.   Sueldos - Wages   34,546.90

